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Book Reviews (Continued)

Atlas of the Face in Genetic Disorders. R. M. Goodman, M.D., Assoc. Prof. of Human Genetics, Sackler School of Medicine, Tel Aviv Univ., Israel, and R. J. Gorlin, DDS. The C. V. Mosby Co., St. Louis, 1977, 586 pp., \$57.50.

This second edition atlas, enriched with almost 1,200 illustrations, has been compiled for those searching for a diagnosis unknown to them. The principal objective is to aid the clinician in making a diagnosis of a genetic disorder based on recognition of specific facial characteristics. Though the scope of disease-genetic syndromes is almost triple that of the first edition, a few extremely unusual syndromes have been omitted.

Following typical initial case history taking, including family history aspects, and after clinical examination of the patient involved, the following three specific questions are essential to the use of this atlas: 1. What is the main organ system involved? 2. What are the outstanding clinical features (facial and others) observed? and 3. Based on the family history obtained, can you postulate a possible mode of genetic transmission?

An extremely well organized table in summary format presented in the earlier pages of the atlas is designed to assist the text user in making a diagnosis based on answers to questions 1 and 2. The summary table reflects key facial features which, when correlated with clinical findings, will reveal principle tissue/organ system(s) involved. Further indexing with question 3 responses is possible to syndromes either listed alphabetically or by an increasing chromosomal number and various modes of inheritance.

Introductory chapters reveal modes of genetic transmission, genetic counseling, and embryologic development of the face, along with various facial and head measurements. Medical and genetic glossaries are also printed in the atlas, to further assist in diagnostic endeavors of clinicians. The summary table reflects an in-depth presentation of syndrome traits identified, and listed clinical aspects that may aid in diagnosis, such as the biochemical tests, roentgen results, or prenatal traits found. Mental retardation status is classified as a finding circumstance. Prognostic and treatment features are presented on each syndrome listed and should assist the clinical plan of action for the individual involved.

LTC GERALD R. GUINE, USAF-R, DC

Diagnostic Pathways in Clinical Medicine: An Epidemiological Approach to Clinical Problems. B. J. Essex, M.D., Late Sen. Lecturer in Community Health, Medical Faculty, Univ. of Dar es Salaam, Tanzania. Churchill Livingstone, Edinburgh, New York, 1977, 173 pp., many illus., \$9.95, paper.

This book is the newest in the now well-known "Medicine in the Tropics" series. Essentially, it is an aid for medical (and paramedical) workers who are mostly engaged in outpatient clinics of developing countries in Africa, where the tremendous daily load of new patients requires a diagnosis in less than three minutes. Outpatient diagnosis generally requires special skills, also special methods for training health workers to diagnose rapidly and safely. The author shows how such skills can be developed in advanced medical students and graduates.

The work consists of seven chapters that describe modern ideas about the causes of disease, disease patterns and outpatient problems, the skills of outpatient diagnosis with the use of so-called flow-charts, some important physical signs, and problems of outpatient management. Detailed analysis of the contents would also reveal numerous East African examples of valuable epidemiological, therapeutic, and preventive medical observations.

The basic tool of outpatient diagnosis is the flow chart, which includes the flow of symptoms and signs that outline the way to the correct determination of the disease. The book provides 53 such charts for quick diagnosis. Studies were made to evaluate the accuracy of the three-minute rapid diagnoses with the use of these flow-charts. At the Muhimbili National Teaching Hospital in Tanzania, in 1,249 patients, flow-chart diagnosis was made 2,030 times; in 94 per cent of the cases, the quick diagnosis was in agreement with the findings of experienced doctors. The average speed of the correct flow-chart diagnoses was 1.9 min., and that of the diagnoses made by experienced doctors was 13.7 min. This proves that the method which the author offers for outpatient clinics is a rapid, accurate, and universally applicable method for diagnosis of clinical problems.

Claudius F. Mayer, M.D.